

**COMBINED
DECLARATION FOR UTILITY OR DESIGN
PATENT APPLICATION (37 CFR 1.63)
AND POWER OF ATTORNEY**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)

Attorney Docket Number **SWA-002(1011/003)**

First Named Inventor **M. Alaoui-Jamali et al.**

Complete if known

Application Number _____

Filing Date _____

Group Art Unit _____

Examiner Name _____

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ANTINEOPLASTIC EXTRACT FROM ACHILLEA MILLEFOLIUM

the specification of which

☐ is attached hereto.

OR

☒ was filed on _____

(mm/dd/yyyy)

as United States Application Number or PCT International Application Number **PCT/Ca00/00949**

and was amended on _____ (if applicable).

(mm/dd/yyyy)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
60/149,697	08/20/1999

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

**COMBINED DECLARATION FOR UTILITY OR DESIGN
PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/CA00/00949	08/17/2000	

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent Trademark Office connected therewith:

<input type="checkbox"/> Customer Number 		Place Customer Number Bar Code Label Here	
OR <input type="checkbox"/> Registered practitioner(s) name/registration number listed below			
Name	Registration Number	Name	Registration Number

Direct all correspondence to ☐ Customer Number or Bar Code Label OR ☐ Correspondence address below

Name Law Offices of Wayne A. Keown

Address 500 West Cummings Parks

Address

City Woburn State MA Postal Code 01801

Country USA Telephone (781) 938-1805 Fax (781) 938-4777

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

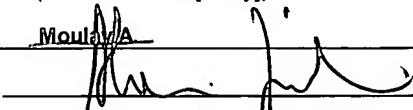
Name of sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Moulay A. Alaoui-Jamali

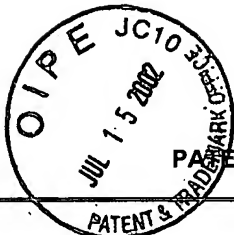
Inventor's Signature  Date

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☒ Additional inventors are being named on the supplemental Additional Inventor(s) PTO/SB/02A attached hereto.



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COMBINED DECLARATION FOR UTILITY OR DESIGN
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PTO/SB/02A (10-00)

DECLARATIONADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1**Name of Additional Joint Inventor, if any:**☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

ParvizGhadirian

Inventor's Signature

P. GhadirianDate 09/05/2002

Residence:

City St-Léonard State Québec Country Canada CAK Citizenship CanadianPost Office Address 5850 de Seigne StreetCity St-Léonard Province or State Québec Postal Code H1P 1G8 Country Canada**Name of Additional Joint Inventor, if any:**☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's Signature

Date

Residence:

City _____ State _____ Country _____ Citizenship _____

Post Office Address _____

City _____ Province or State _____ Postal Code Or Zip _____ Country _____

Name of Additional Joint Inventor, if any:☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's Signature

Date

Residence:

City _____ State _____ Country _____ Citizenship _____

Post Office Address _____

City _____ Province or State _____ Postal Code Or Zip _____ Country _____

☐ Additional inventors are being named on the supplemental Additional Inventor(s) PTO/SB/02A attached hereto.